

COVID-19 SURVEY REPORT-WEEKS FORTY-SIX, SEVEN, EIGHT, NINE

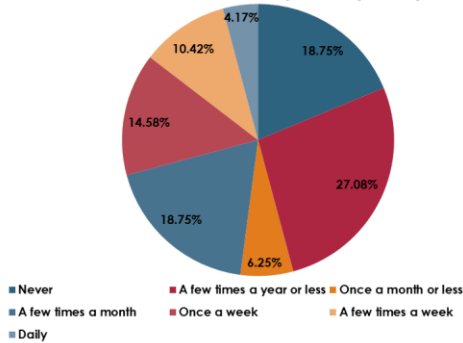
OBJECTIVE

The objective of this research is to understand the COVID-19 pandemic's impact on financial, personal, and professional futures of primary care clinicians.

Members of the AAFP National Research Network, as well as audiences from the Robert Graham Center, are invited to participate in this survey. Beginning on September 4th, 2020, this survey was sent every four weeks. This brief report includes the highlights from the survey that was open February 26 – March 1, 2021.

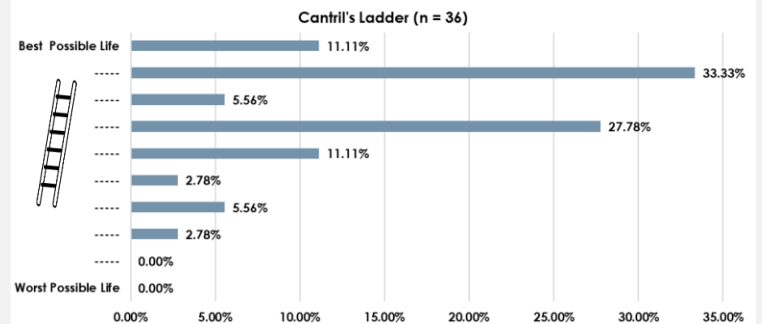
BURNOUT, VACCINATIONS, SYMPTOMS, QUALITY OF LIFE MEASURE AND TREATMENT PROVISION

I feel burned out from my work. (n = 48)



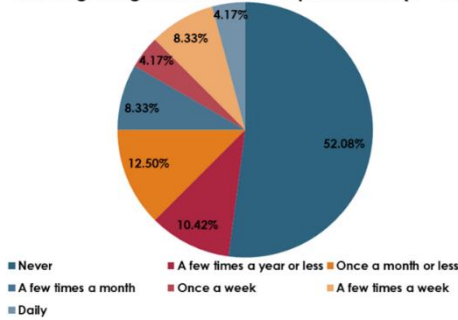
Does your organization/institution have a program to address burnout?

No: 54.35% Yes: 45.65%

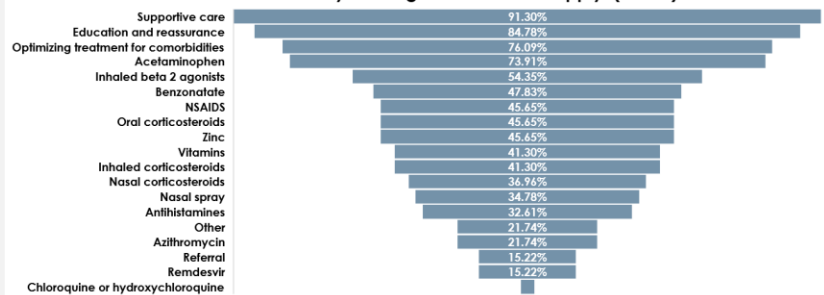


*Cantril's Ladder is a measurement system for quantifying life satisfaction

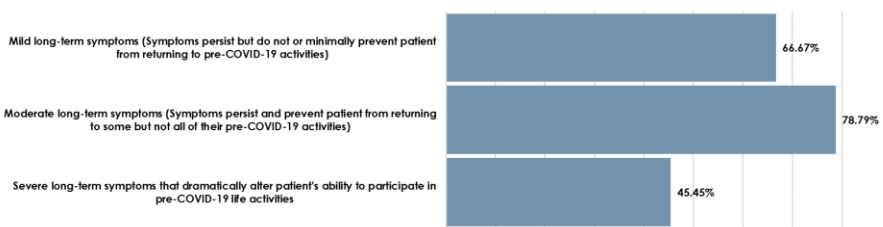
I have become more calloused toward people since the beginning of the COVID-19 pandemic. (n = 48)



What treatments are you using? Select all that apply. (n = 46)



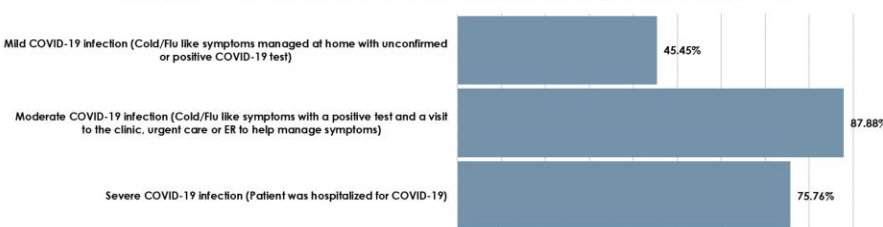
What is the level of severity of long-term COVID-19 symptoms for your patients? (n = 33)



Are you offering treatment (including OTC treatment, prescription medications, supportive care) to patients with suspected COVID-19 or COVID-19 type symptoms? (n = 52)

No: 11.54% Yes: 88.46%

What was the initial presentation of COVID-19 symptoms for your patient(s)? (n = 33)



Are you seeing patients who are experiencing long-term COVID-19 symptoms (long-haulers)? (n = 50)

No: 34.00% Yes: 66.00%

Have you been immunized with the COVID-19 vaccine? (n = 48)

No: 4.17% Yes: 95.83%

Have you administered the COVID-19 vaccine to patients? (n = 48)

No: 68.75% Yes: 31.25%

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THEMES

Themes are identified through responses to the following question: *Could you please tell us about any financial impact the COVID-19 pandemic has had on your practice, if any?*

PATIENT VOLUME: Respondents who discussed patient volume (36.17%) emphasized lower volumes due to scheduling less patients (to afford backlog in waiting room), decreasing number of sick visits, and increasing number of local COVID cases.

25-35% reduction in overall wellness visits for various providers in November, December, and January due to the spikes in COVID in our community. February looks better but it's difficult to convince some patients to return to regular care - despite our clinic being very open that no known infectious patients were seen inside our clinic. We have now had a year of porch and parking lot visits for any ill patients.

FINANCIAL: Respondents who mentioned financial aspects directly (61.70%) described changes over time, including virtual visits billing for less, lost sources of revenue, prioritization of clinical productivity, and dwindling PPP funds.

2020 we had more gross revenue than we did in 2019, but in December of 2020 and January of 2021 our gross revenue was down 20% which suggests we may be heading for a second round of financial stress secondary to the economy, unemployment, stimulus money running out, and unemployment benefits running out.

STAFFING: Respondents who cited staffing matters (29.79%) listed a variety of concerns, e.g., ongoing furloughs, decreased salaries, increased work hours due to less available staff (doing more with less), diversion of clinic employees to COVID specific duties, and increased competition for locum employment.

My clinic is a FQHC and community health center giving out thousands of vaccines, but we have no additional staff or resources to do this. It is really causing strain on the budget and staff be part of this essential service.

TELEHEALTH: Respondents who mentioned telehealth (10.64%) stated concerns regarding reimbursements, including time spent on unbillable phone calls, resident virtual visits not reimbursed, and overall virtual visits bill less than in-person.

Revenue is down about 30% due to televisits by residents not being reimbursed.

AAFP NEXT STEPS, RECOMMENDED ACTION AND NOTABLE RESPONSE

As local conditions influence COVID-19 responses, primary care practices and clinicians voiced frustration over situations that prevented or disrupted serving patient, practice, and resident needs. The following quotes depict three respondents describing lost opportunities or difficult circumstances.

- *Practice volume is about 90% of normal and we are ticking along. I'm seeing all of these vaccination centers vaccinating my patients and I'm thinking to myself that the insurance companies are getting off from having to pay administration fees. My office could have used the revenue from giving COVID vaccine.*
- *Severe drop in charges last year mitigated by the PPP money. However, the past 2 months have again been very difficult, as there has been a lot of COVID in our area and patients have stayed away from the office. Our charges are dismal. Because of quality payments during the second quarter of 2020, we do not qualify for any PPP money in this round, and we are hurting.*
- *We had a bad few months and now our patient numbers seem to have stabilized as far as COVID effect. But we are a residency clinic. We are educating doctors who have never seen a Neb treatment given in our clinic. Our didactics and procedure workshops have all been disrupted.*